

texas

WIC

news

September/October 2006

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Exercising for Fun and Health

Evaluation of a
Shot Record

Low-fat Milk
Coming to WIC

Calming Effects
of Pacifiers

Special Supplemental Nutrition Program for Women, Infants, and Children

WIC Scored High in Customer Satisfaction

The Texas Health and Human Services Commission (HHSC) recently contracted with the Survey Research Center at the University of North Texas to survey selected customers of the HHSC system. The purpose of the survey was to obtain client opinions regarding their dealings with Texas HHS agencies. The overall objectives included measuring client satisfaction with services received, quality of services and benefits, staff quality and treatment, and the extent of Internet access and use.

Each HHSC agency chose a representative program for measurement in the survey. HHSC selected TANF and food stamps services; the Department of Family Protective Services chose its adult and child protective unlicensed kinship services; the Department of Aging and Disability Services chose its community care services; the Department of Assistive and Rehabilitative Services chose its vocational rehabilitation program; and the Department of State Health Services (DSHS) chose WIC services.

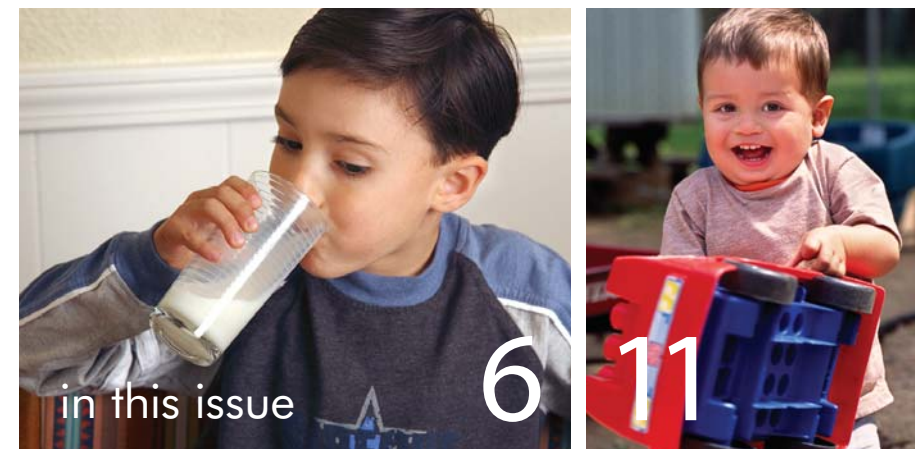
I am proud to say that WIC scored high marks in all categories. More than 98 percent of clients were satisfied with the services they received. Ninety-

eight percent of the survey respondents felt the benefits and choices were clearly explained and the services helped them. Ninety-three percent said they had a chance to say what benefits or services they needed, and 94 percent said it was easy to get the benefits. Ninety-five percent said staff members treated them with respect, and 98 percent said staff answered their questions accurately. Ninety-eight percent felt that they understood what they needed to know about the WIC Program.

Ninety-two percent of respondents agreed that they would be able to register a complaint and that it would be addressed fairly. Virtually everyone (99.7%) said they would recommend the WIC Program to friends and family with children under 5 years of age. The complete survey and results can be accessed from the WIC Web site at <http://www.dshs.state.tx.us/wichd/gi/gil.shtm>.

The survey confirms what I have always known, which is that you are delivering WIC services in a customer friendly, helpful, and well-informed manner. The survey has also given us ideas on areas to explore, such as increasing Internet usage, reducing wait times, and providing more information about other helpful programs.

Thanks for a job well done. Because of you, we were able to roll out EBT successfully in West Texas this summer and are looking forward to moving EBT into the Panhandle this fall, further enhancing our ability to provide continued excellent customer service and benefits to our clients.



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From the Texas WIC Director - Mike Montgomery

How to Read an Immunization Record

by Elizabeth Bruns, R.D., L.D.
Training Specialist



All certification staff need to know how to read an immunization record. What if you don't do immunizations at your clinic, do you still need to know? Absolutely! Benefits of participation in the WIC program include appropriate referrals for health services. Before you can refer a child for immunizations, you must be able to read a shot record and decide if additional immunizations are needed.

The immunization schedule for infants and children is getting more complex. If you are new to reading these records, take your time and be thorough.

Here's the 1, 2, 3, on reading a shot record:

1. Examine the child participant's immunization record and ask if there have been any unrecorded shots. Unrecorded shots can be verified on-line if you can access ImmTrac. If you don't have access to ImmTrac, explain

the importance of an up-to-date record and encourage the parent or guardian to have their health-care provider complete the information at a next visit. If a parent or guardian claims that unrecorded shots have been given, accept this as correct, but do not document anything on the record.

2. Calculate the child's age in months. A two year old is 24 months; a three and a half year old is 42 months.
3. Compare the child's immunization record with a chart that indicates the shots that have normally been given by that age in months. Some immunization records themselves are set up in a chart-like form to aid in assessing the record. See the chart (opposite page) as an example of one that shows age-required immunizations.

Example:

An infant who is nine months of age should have received the following number of immunizations: 3 Hepatitis B (Hep B), 3 diphtheria tetanus

pertussis (DtaP), 3 polio (IPV), 3 pneumococcal conjugate (PCV7), and 3 Haemophilus influenza type B (Hib).

Example:

A child who is 14 months of age should have received 3 hepatitis B, 3 diphtheria tetanus pertussis, 3 polio, 4 pneumococcal conjugate, 4 Haemophilus influenza type B, 1 measles mumps rubella, 1 varicella, and 1 hepatitis A.

If a child is current with their immunizations, no referral is necessary. However, if they have not had all their required immunizations, be sure to make an appropriate referral.

Check with the parent or caregiver regarding a "medical home." A medical home is a health care professional who provides comprehensive care to the child. Comprehensive care includes well-child exams, care of illnesses and injury, immunizations and referrals for specialty care. A medical home is the preferred referral. If the parent or caregiver

Look in the first column of the chart for the child's age and follow the row across to determine which vaccines the child should have by that age.

By Age	Hepatitis B (Hep B)	Diphtheria Tetanus Pertussis (DtaP)	Polio (IPV)	Pneumo-coccal Conjugate Vaccine (PCV7)	Haemophilus Influenza type B (Hib)	Measles Mumps Rubella (MMR)	Varicella (Var)	Hepatitis A (Hep A)
birth	1							
1 month	1							
2 months	2	1	1	1	1			
3 months	2	1	1	1	1			
4 months	2	2	2	2	2			
5 months	2	2	2	2	2			
6 months	3	3	3	3	3			
7 months	3	3	3	3	3			
8 months	3	3	3	3	3			
9 months	3	3	3	3	3			
10 months	3	3	3	3	3			
11 months	3	3	3	3	3			
12-15 months	3	3	3	4	4	1	1	1
15-18 months	3	4	3	4	4	1	1	1
24 months	3	4	3	4	4	1	1	2
19-47 months	3	4	3	4	4	1	1	2
4-6 years	3	5	4	4	4	2	1	2

claims no medical home, then a referral to a public health clinic should be made. Other referral choices include physicians in the community, other medical providers (such as physician assistants and nurse practitioners), an upcoming health fair, or mobile immunization clinic.

Plan to attend the IDL sessions on Immunization Assessment and

Referrals beginning in August 2006. Check your IDL calendar for these upcoming trainings.

If you have questions about reading an immunization record, you can contact Liz Bruns, R.D., L.D., Clinic Services Training, at Elizabeth.Bruns@dshs.state.tx.us or Hellen Sullivan, R.N., Breastfeeding Training at Hellen.Sullivan@dshs.state.tx.us.

note

The following are combination vaccines. The brand names are given so you know the vaccines contained in each product.

Pediarix - DtaP, HepB, IPV
Pentacel - DtaP-Hib-IPV
Comvax - HepB-Hib
TriHIBit - DtaP-Hib
Boostrix and Adacel - Tdap

While the flu vaccine is not required, an annual dose is recommended from six months on.

Low-fat Milk is Coming;

Let's Promote It!

by Elizabeth Bruns, R.D., L.D.
Training Specialist

The entire WIC community is waiting to see what will happen to the WIC food packages once the U.S. Department of Agriculture completes its review of the Institute of Medicine of the National Academies' recommendations. One of many recommendations includes a change in milk. The proposed new food packages will provide whole milk to children under two only. All other age groups will receive reduced-fat milk (no more than 2% milk fat being allowed). The Texas WIC program plans to implement this portion of the recommendations as soon as possible.

What will the impact be?

The new WIC Lone Star card provides us with some interesting purchasing trends regarding Texas participants. For the first time, we are able to see what type of milk our participants purchase. In the voucher system, all we can tell is that milk was purchased. With the WIC Lone Star card we are able to see, by UPC, how many participants purchase whole, low-fat, and fat-free milk. Last year, in El Paso, 82 percent of the milk purchased by WIC participants was whole milk. This year, adding in the participants from Grayson and Collin Counties, the amount of whole

milk purchased was 75 percent. The really good news is of that 75 percent, over half was purchased for children less than 2 years of age.

How many calories could a person save over a year by changing from whole to low-fat milk? That would be 29,200 calories (116,800-87,600=29,200) for someone drinking two servings of milk a day. How does that convert to body fat? Divide calories saved by 3500 (the number of calories in a pound of body fat) and that gives you 8.34 pounds. That's over eight pounds of body fat either lost or NOT gained in one year from making one small change.

For someone who drinks three servings of milk a day, a change from whole to fat-free milk will save them 87,600 calories in a year. Those calories convert to over 25 pounds of body fat.

In the current obesity epidemic whole milk isn't the sole culprit, but drinking whole milk is a contributing lifestyle factor. Changing from whole to reduced-fat milk is one step in the right direction. The Strategic Plan for the Prevention of Obesity in Texas: 2005-2010 identifies ways WIC can play a role in the prevention of obesity. One way WIC can contribute is to help our WIC families switch from whole to low-fat milk. WIC can educate participants on the fat and calorie savings achieved by choosing reduced-fat milk over whole milk. Reduced-fat milks have the same nutritional value as whole milk, just less fat. It's an easy change for most people, and over time it will save a lot of calories and unwanted weight gain.

WIC has the opportunity to be a strong partner in the community by committing our resources in promoting and supporting healthful eating habits and physical activity.

Calorie Comparison

Here are some facts that will help you when discussing the use of low-fat milk with mothers:

Table 1 compares the fat and calorie content of one cup of whole, low-fat, and skim milk. Table 2 totals the calories consumed from the different milks over a one-year period for two and three milk servings per day.

Table 1: Fat and Calorie Content of Whole, Low-fat, and Skim Milk

1 Cup Milk	Whole	Low-fat	Fat-free
Fat, in grams	8	4.7	0.5
Calories	160	120	80

Table 2: Calories Consumed in 2 and 3 Servings/Day of Whole, Low-fat, and Skim Milk

Type of Milk	2 Servings Day*	3 Servings Day*
Whole Milk	116,800	175,200
Low-fat Milk	87,600	131,400
Fat-free Milk	58,400	87,600

*calories determined for a one-year period



Type 2 Diabetes Is Increasing at Alarming Rates in Texas

By Roxanne Konze Robison, R.D., L.D.
CSHCN Nutrition Consultant



Just as obesity is following an upward trend among children nationwide, so too is type 2 diabetes. According to the Texas Pediatric Diabetes Research Advisory Committee, type 2 diabetes has been increasing at alarming rates in Texas children over the past two decades. The exact numbers of new cases are not known, since doctors are not currently required to report this disease in Texas. Type 2 diabetes used to be extremely rare in children. Type 1 diabetes, historically the type seen in children, is an autoimmune disorder in which the body destroys insulin-secreting cells in the pancreas. This type of diabetes is more prevalent in persons of European heritage. Type 2 diabetes occurs predominantly in persons of Hispanic, Black, American Indian, or Asian heritage. Type 2 results when body tissues become resistant to the effects of insulin. Insulin, a hormone produced by the pancreas, allows sugar to enter cells and be used for energy. When tissues are resistant to insulin, blood sugar levels rise. Chronic high blood sugar levels can lead to complications such as heart disease, stroke, blindness, amputations of feet and legs, nerve damage, kidney disease, and problems with pregnancy. Since type 2 diabetes is commonly linked to obesity, as more young Texans become overweight, their risk of developing the disease also rises. Stated another way, the key to preventing type 2 diabetes is preventing overweight and obesity in children.

Diabetes is already the sixth leading cause of death in the United States. According to the American Diabetes Association, two million adolescents (or 1 in 6 overweight adolescents) ages 12-19 have a pre-diabetic

condition in which blood glucose levels are higher than normal but not high enough to be diagnosed with diabetes. People with pre-diabetes are known to be at high risk of developing diabetes within ten years.

The 2002 FIT study (Feeding Infants and Toddlers), designed to update our knowledge of the food and nutrient intakes of infants and toddlers in the United States, revealed that the problem starts at a very early age. Infants and toddlers have reported energy intakes that exceed requirements by as much as 20 to 30 percent.

On any given day, 25-35 percent of infants and toddlers ages 9 to 24 months do not eat any fruit and 20-25 percent do not eat vegetables. French fries are the most commonly consumed vegetable for infants and toddlers 15 to 24 months of age. In addition, almost half (46%) of 7 to 8 month olds consume some type of dessert, sweet, or sweetened beverage, and the percentage increases as age increases. By 24 months, food patterns of children look just like the typical American diet.

The FIT study reminds us that food habits are formed early and food preferences are carried into adulthood, therefore early childhood is an important time to teach health eating habits. But parents cannot teach healthy eating habits unless they know how to eat healthy.

The causes of obesity are known to be complex and include genetics, environmental and psycho-emotional factors. Increasingly sedentary (continued on next page)

*“Type 2
diabetes
used to be
extremely
rare in
children.”*

Type 2 Diabetes

(continued from page 9)

lifestyles, overexposure to food and food advertisements, increasing portion sizes served by food establishments, inadequate intake of lower calorie foods, such as fruits and vegetables, and higher fat intakes are all major contributors to the problem.

Another, as yet unproven but intriguing, contributing factor to obesity and insulin resistance is one presented by Dr. Stephen Ponder, pediatric endocrinologist, at the recent National WIC Association meeting in Houston. This theory has to do with the increased consumption of high fructose corn syrup (HFCS) over the past 20 years. HFCS is processed from hydrolyzed cornstarch and is used as a less expensive alternative to sucrose (table sugar). HFCS first appeared in the food supply in the 1970s

and its use has skyrocketed ever since. Corn is currently the most heavily subsidized crop in the U.S. and HFCS is a common ingredient in such foods as sodas, sport drinks, juice drinks, yogurts, salad dressings, baked goods, syrups, soups, ketchup, breakfast cereals, baby foods and more.

Fructose is processed differently in the body than are other forms of sugar. Fructose does not induce insulin release to help move sugar into body cells. It also does not trigger leptin release, a hormone that tells the brain the body is satiated. In addition, fructose increases ghrelin release. Ghrelin, discovered in 1999, is a hormone produced in the lining of the stomach, causes an increase in appetite.

In human studies, to date, fructose or sucrose (50% fructose) feedings do not result

in a reduction of food intake from other sources. In other words, these extra calories don't decrease your appetite for other foods.

Regardless of whether or not HFCS is responsible for contributing to insulin resistance, sugar is a small part of a healthy diet. Our message to encourage healthy lifestyles is to:

- Encourage physical activity
- Stress appropriate portion sizes starting in infancy
- Encourage choosing more fruits and vegetables for meals and snacks
- Limit TV and video game screen time
- Limit or avoid soft drinks, sports drinks, and excessive juice intake
- Avoid using food as a reward
- Recommend adequate calcium intake
- Be a healthy role model



Strategic Plan for the Prevention of Obesity in Texas: 2005 – 2010

by Lesli Biediger, M.P.H., R.D.
Nutrition Coordinator
Nutrition, Physical Activity, and
Obesity Prevention Program

The prevalence of overweight and obesity in Texas is increasing among both adults and children. In 2004, 25.7 percent of Texas adults were obese; in 2000, 23.1 percent of Texas adults were obese; in 1990, the prevalence of obesity in Texas adults was only 12.3 percent. According to a report released in 2005, Texas was tied for 6th highest rate of increase of obesity in adults in the United States. The overall prevalence of overweight in Texas school children was 38.7 percent for 4th graders, 37.1 percent for eighth graders, and 29.4 percent for 11th graders in 2000 – 2001.

The implications of these numbers make the obesity epidemic one of the most important health problems facing Texas today. The Strategic Plan for the Prevention of Obesity in Texas: 2005-2010 was released April 24, 2006. This plan is targeted to any organization or individual who wants to help reduce the growing number of overweight or obese Texans. Specific strategies and action items are suggested for five highly preventable risk factors – calorie imbalance, insufficient fruit and vegetable consumption, physical inactivity, lack of adequate breastfeeding, and increased screen time and sedentary behaviors. Target audiences for the plan include, but are not limited to:

- State and local government agencies
- Schools and childcare centers
- Media outlets
- Community programs, partners, and health-based coalitions
- Departments of urban/regional planning and development, economic development, transportation, and parks and recreation
- State and local elected officials
- Health care professionals
- Worksites and worksite wellness programs
- General public interested in promoting healthy eating and safe physical activity in Texas

The Strategic Plan for the Prevention of Obesity in Texas: 2005 – 2010 is a working document. The Texas Department of State Health Services and the Texas Activity and Nutrition Coalition will track the implementation of the plan by partners throughout the state. Partnership is key to success in achieving the goals and objectives set forth by the Strategic Plan.

You can download the entire Strategic Plan at www.eatsmartbeactivetx.org. Follow the suggested Strategies and Action Items for the populations you work with and partner for prevention in your community. Current overweight and obesity data for Texas may also be found at www.eatsmartbeactivetx.org.



Basic Stress Management Principles

While many of us may understand the importance of coping with stress, we often struggle in applying this concept to our everyday lives. Here are some key principles to help manage the stress we deal with throughout our daily routines.

1. Accept your body as a machine with a limited supply of energy.

Acknowledge that your body needs regular care, rest, and maintenance. Remember that you must honor how much energy you have each day and pushing past that level can lead to a breakdown.

2. Learn to recognize the early signs of stress and what they mean.

Begin to listen to your body's warning signs. This will help you recognize when your energy levels are low and stress is beginning to have a negative effect on you.



3. Do a stress system check.

Think of times when you have experienced periods of extremely high stress and recall what symptoms you had. Symptoms could be physical (e.g., fatigue, headaches), mental (e.g., difficulty thinking clearly, poor memory), emotional (e.g., anxiety, irritability), spiritual (e.g., apathy, loss of meaning), or relational (e.g., distrust, avoidance of people). Checking in with these symptoms can help you identify the warning signs in your body when you may need to take appropriate action to reduce and manage your stress levels.

4. Build a stress tolerant body.

A balanced diet and exercise help your body stay healthy, making you more capable of dealing with stressful situations.

Adapted from Peurifoy, Reneau Z., 1995. Anxiety, Phobias, and Panic.



WIC Wellness Works

Know Your Fat Facts

FAT is an essential part of what we eat. Besides helping us enjoy our meals and feeling satisfied, it is necessary for padding and insulating our bodies, for making different hormones, for helping us absorb certain vitamins, as well as benefiting our bodies in many other ways. While cutting fat in your diet to cut calories can be helpful in meeting weight loss goals, it's important to pay attention to the kinds of fats you are eating.

AVOID



SATURATED FATS can clog arteries, raise LDL or 'bad' cholesterol, and may increase the risk for certain cancers. Saturated fat mainly comes from animal products, including dairy products and animal meat. However, it is also found in coconut and palm oil.

To cut down on saturated fat, it's important to

- choose non-fat or low-fat dairy foods,
- choose the leanest cuts of beef, poultry or pork possible,
- trim all visible fat and skin from your meat, and
- limit your meat portion to 3 ounces (the size of a deck of cards).

TRANS-FAT is another harmful fat. In addition to all the ill health effects of saturated fat, trans-fat also lowers your HDL or 'good' cholesterol. Trans-fat is mainly found in processed foods.

Avoid foods like

- snack cakes, crackers, and cookies
- fried foods
- traditional margarines
- products that have the ingredient "partially hydrogenated oil" or "vegetable shortening"

However, be aware that products with hydrogenated oils can still be labeled "trans-fat free" if they have less than 0.5 grams per serving.

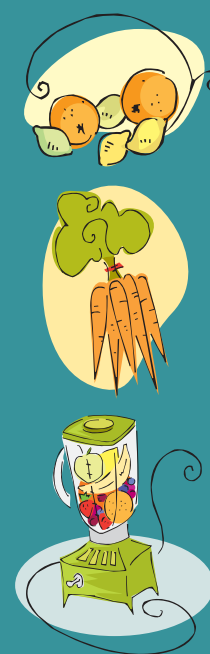
To limit trans-fat, try

- products that are "trans-fat free", including many margarines and crackers
- shopping the perimeter of the grocery store to avoid many processed foods
- baked or broiled cooking options
- low-fat dairy, fruits, and vegetables for snacking

The recommendation for trans-fat is to eat as little as possible.

UNSATURATED FATS, on the other hand, are heart-healthy, and are beneficial to include in your diet in place of other fats. These include canola oil, soy, nuts, avocado, and fish.

CHOOSE





Glazed Acorn Squash

3 medium acorn squash
2 ½ Tbs. orange marmalade
1 Tbs. water
1 Tbs. packed brown sugar
2 Tbs. lime juice
1 ½ Tbs. lite soy sauce
¼ tsp. red pepper flakes

Preheat the oven to 375°. Cut the squash into 1-inch rings, removing the seeds. Arrange on a baking sheet coated with cooking spray. Bake for 20 minutes. Combine the remaining ingredients in a small bowl. Brush the mixture over the squash rings and bake for an additional 10 minutes or until tender. Spoon the remaining marmalade mixture over the squash before serving. Makes 6 servings.

PER SERVING (2-3 SLICES) Calories: 120 Total Fat: 0 g Saturated Fat: 0 g Fiber: 3 g Sodium: 150 mg Cholesterol: 0 mg Carbohydrates: 31 g Protein: 2 g



MONTHLY IDL WELLNESS BREAKS!

NEED TO GET RE-ENERGIZED ONCE A MONTH?

Join The University of Texas Wellness Team and tune in the **LAST MONDAY** of each month at **12:15 P.M.** for a **15-20 minute wellness break** on the **WIC IDL system**. You will learn helpful information about **HEALTHY EATING, PHYSICAL ACTIVITY** and **STRESS MANAGEMENT**.



The Triumphant Terrell Trio

When Angie Jenkins (LVN/CA) bragged about her co-workers and their commitment to wellness, it was obvious that Angie was a role model too! Angie, Elena Flores (CSA) and Gabriella Rodriguez (CSA), have been participating in the WIC Wellness Works program since it began in 2004. All three have supported each other: increasing their physical activity, eating more fruits and vegetables, and increasing their water intake. They have also encouraged their friends, family members, and significant others to take part in the wellness action! In fact, while Gabriella was busy planning her wedding, she was also inspiring her co-workers to stay motivated, keep up the determination, and to “Never give up!” Angie says, “Gabriella has been engaged for about one year now, and has been exercising regularly and eating healthy. She has lost 35 pounds!” All three co-workers agree that having a social support system, such as a significant other, family member, or a friend is extremely important. Angie, Gabriella, and Elena are excellent examples of how support can motivate somebody to improve their lifestyle, health, and overall wellness.



- Making lifestyle changes by setting achievable goals and re-visiting those goals can make a big difference. Angie recalls when the Terrell clinic started to do things differently, “We talked about the changes we had all made at our monthly staff meetings and we encouraged each other.”
- Making small changes, such as drinking more water instead of soda, can lead to enormous (and noticeable) results.

IN THEIR OWN WORDS – THIS TRIUMPHANT TRIO HAS ADVICE TO SHARE:

Eating healthier and exercising more.

“You will be so proud of yourself. You will feel so much better as well as look better! Just keep on doing it, even if you don’t feel like it.”

Keep your goals in mind

“I can remember a lot of days when I didn’t want to go exercise, but I went anyway. My family was planning a trip to the beach, so I would make myself go. When we went to the beach, I was so thankful that I stuck with it and exercised anyway. This time, I was not as self conscious in a bathing suit. Now, I realize that I am not getting any younger, and I want to continue to do whatever I can to stay healthy and active as I grow older.”

Free places to exercise

“Walk around a track at a nearby school, college campus, or park. Bring a family member, friend, or co-worker along to socialize while you get in your daily steps. Try exercising at home with an exercise video or just make up your own exercises.”

Be each others’ cheerleaders

“It’s easier to stick to a healthy eating plan or exercise regimen if you have consistent encouragement and support from others.”



the calming effects of pacifiers

by Isabel Clark, M.A., R.D.
Clinical Nutrition Specialist

Babies are born with a strong need to suck. In fact, many babies have been observed sucking their thumbs and fingers *in utero*. In addition to providing a means to mothers' milk, sucking is a way for an infant to self-soothe and to learn how to adapt to their new world. Traditionally pacifiers have been offered to babies to comfort them. However, recommendations regarding the use of pacifiers have changed over time and the reasons to use or not to use them have changed as well.

Researchers have recently reported an association between the use of pacifiers at nap time and bedtime and a reduced risk of Sudden Infant Death Syndrome (SIDS). In November 2005, the American Academy of Pediatrics recommended that all parents *consider* offering a pacifier to their infants at nap time and bedtime throughout their first year. However, a major concern with the use of pacifiers is that they may interfere with breastfeeding. As a result, it is recommended that parents delay offering a pacifier to their newborn until breastfeeding is well established. Since it may take a few weeks to settle into a regular nursing routine, the American Academy of Pediatrics recommends waiting to introduce a pacifier until the baby is one month old.

Pacifiers have been reported to have an analgesic effect — the ability to reduce or eliminate pain. Infants, especially pre-term infants, who experience extended hospital stays sometimes receive

painful and invasive procedures. In an attempt to reduce the pain experienced during these procedures, researchers have found that sucrose (sugar) solutions combined with the use of a pacifier produces a synergistic effect on pain reduction. However, it is important not to overlook the benefit of human contact; researchers also reported that holding the baby throughout the procedure produces an even greater effect.

Pacifiers are vehicles for the transfer of bacteria. Since bacteria feeds on sugar, dipping a contaminated pacifier in a sugar solution may increase the chance for the development and transmission of bacterial infections. Also, babies who routinely use pacifiers are at a significantly higher risk for middle ear infections.

To limit contamination, the appropriate care and cleaning of pacifiers should be stressed to parents.

- Before using a new pacifier, wash it with soap and water and sterilize it in boiling water for five minutes. Allow the pacifier to air dry thoroughly before offering it to the baby.
- Wash pacifiers

regularly with hot, soapy water. Pacifiers should either be boiled or washed in the dishwasher frequently until the baby is six months old. After six months of age, you can simply wash them with soap and water.

- Do not clean a pacifier by “cleaning” or “rinsing” it in your mouth — this may spread germs from you to your child.
- To keep fungus at bay, soak the pacifier in equal parts white vinegar and water for a few minutes each day and then wash thoroughly.
- Always check for cracks or tears before giving a pacifier to a baby. If there are cracks or tears, throw it out. Replace the pacifier every two

months, before damage occurs.

- NEVER dip the pacifier in a sweetened- or sugar-solution or honey. Honey can lead to botulism, which is a type of food poisoning. Dipping a pacifier in a sugar solution may increase the chance for the development of bacterial infections. Prolonged use of this practice may lead to tooth decay.

Finally, a pacifier may soothe a fussy baby — babies appear happiest when they're sucking on something. But a pacifier is not a substitute for human contact; comforting, feeding and interacting are essential to foster the development of a healthy and happy child.

A local agency in north Texas recently reported to the state office that hospitals in their area have been giving samples of a sucrose solution (Sweet-Ease®) to families of newborns for use at home. It makes sense that parents that observe the calming effect of the sucrose solution on their babies in the hospital would be impressed with the product. But it is important to counsel parents that this product is intended for medical procedures on the hospitalized infant only and NOT as a solution for a fussy baby. The baby might be trying to tell the family that they are sick or even hungry when the family is trying to “soothe” them with the sugar solution. Parents who have access to this product at home run the risk of relying on it and using it on a routine basis to calm their baby. In fact, a WIC participant recently told local agency staff that she was dipping the pacifier in the sucrose solution and offering it to her baby several times a day; she had been doing this for several weeks. Also, beware of the risks associated with possible contamination of the pacifier by repeatedly dipping it into the sugar solution, as well as the potential of early conditioning to sweeteners.

Sweet-Ease®, a sucrose solution manufactured in Canada by Children's Medical Ventures, has been reported to be used by some WIC participants. This product is intended for hospital use only and is not recommended for use in the home, or on a routine basis. It is a 24% sucrose and water solution and is packaged in small plastic, coffee-creamer type containers. It is marketed as an effective calming and soothing agent for babies up to six months of age. According to the manufacture's product information on their web site, the recommended procedure is to administer the solution slowly with an oral syringe and then to offer a pacifier for enhanced analgesic effect. Dipping a pacifier in the solution is **not** the intended means to administer this product.

Views shared by some of the 2006 Texas WIC dietetic interns about the conference:



2006 Texas Dietetic Association Annual Conference & Exhibition: Perspectives From Texas WIC Dietetic Interns

"I enjoyed meeting people in the dietetic field, many people recognized the WIC internship as a great program, and offered encouragement."
-Yvonne Martinez

"It was such a great feeling meeting people that really care about what you do and your interests. It was a great place to network and find future contacts. The conference provided me with numerous tools and resources to help me during my internship."
-Kelly Roberts

"The most interesting session I attended was the 'Probiotics in Pediatrics – Rethinking the Way We Feed Children' given by Dr. Brayn Vartabedian, Assistant Professor Pediatrics, Baylor College of Medicine. I enjoyed his presentation and especially his honesty when answering questions. He's the type of gastroenterologist I would like to work with. I learned about ways different probiotics can be used to treat the pediatric population, especially VSL#3 (a high-potency probiotic proven to be effective in the dietary management of intestinal disorders)."
-Chris Castellano

by Sherry Clark, M.P.H., R.D., L.D.
Director, Texas WIC Dietetic Internship

One of the goals of the Texas WIC Dietetic Internship is to provide leadership to the dietetics profession through active participation in local, state and national dietetic associations. To support this goal Texas WIC dietetic interns are required to become student members of the American Dietetic Association and attend the Texas Dietetic Association Food & Nutrition Conference and Exhibition (TDA FNCE).

The 2006 TDA FNCE was held on April 6-8 at the Woodlands. This year's theme was "Separating Fact From Fiction: The Truth About Functional Foods, Supplements & Biotechnology."

"I thought the session by Marianne Jennings (Professor of Legal and Ethical Studies in Business, Arizona State University) on 'Remaining Ethically Challenged in An Ethically Challenged Era' was very interesting. It was shocking to know that so many large companies have fallen by the wayside because of ethics issues. The companies that are still around are the ones whose reputation is important to them. This session was very informative and reminded me that integrity speaks volumes and will always carry me in my profession and life."
-Jolene Norbert-Harrell

"I got to speak with Shalene McNeil, TDA president, at the conference. She was one of my professors at Texas A&M years ago. I also spoke with another professor I had at A&M, Karen Beathard, about how my internship was going. There were several others that I had classes with or have worked with at WIC that were at TDA. It was like a reunion and I had a great time!

I really had fun at the food expo learning about all of the new products and getting all of the samples. I came home with all kinds of stuff! It was great!"
-Cacey Withem

"The most interesting session I attended was Monika Woosley, M.S., R.D., President and Founder, After the Diet Network, on 'Omega-3 Fatty Acids and Eating Disorders: A Promising Nutritional Therapy.' I was diagnosed with polycystic ovary syndrome (PCOS) at age 21 and I have struggled with all the symptoms that Monika mentioned including fertility, difficulty with weight loss, and balding ... No doctor has been able to treat PCOS. I have always thought it was something I had to live with. Now I know much more. I plan on visiting an endocrinologist soon."
-Alva Santos

"The whole conference was interesting to me. It is always a good way to network and as an intern, I want to get to know as many people as possible. It is always great to have resources. I got to network with Juliana Smith who works for the American Dietetic Association in the legislative process."
-Jennie Hoilman



The Texas WIC Dietetic Interns received a Certificate of Excellence for the Most Creative Basket by a Team. The certificate was awarded on April 7, 2006 at the Texas Dietetic Association FNCE Silence Auction.

News-worthy Nutrition

by Shirley Ellis, M.S., R.D.
Clinical Services Program Coordinator



Physical Activity Policy Statement for the Prevention of Childhood Obesity

In May, the American Academy of Pediatrics issued the policy statement, "Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity." This statement was issued

in response to the increasing incidences of overweight and obesity in childhood. According to the 1999-2000 National Health and Nutrition Examination Survey, the prevalence of overweight or obese children in the United States has tripled since the 1960s to more than 15 percent.

The policy encourages physicians and health care professionals to promote active healthy living within each family unit by:

- Serving as role models through the adoption of an active lifestyle
- Inquiring about nutritional intake, calculating and plotting BMI, identifying obesity-related comorbidities, and promoting healthy eating
- Documenting the number of hours per day spent on sedentary activities and limiting screen (television, video game, and computer) time according to AAP guidelines
- Determining physical activity



"Encouraging children and adolescents to be physically active for at least 60 minutes per day ..."

levels of the child and family members at regular health care visits

- Tabulating the amount of physical activity the child or youth does each day
- Encouraging children and adolescents to be physically active for at least 60 minutes per day
- Identifying any barriers the child, youth, or parent might have against increasing physical activity
- Recommending that parents become good role models by increasing their own level of physical activity
- Suggesting that overweight children partake in activities that take advantage of their tall stature and muscle strength, such as water-based sports and strength training, rather than those that require weight bearing (e.g., jumping, jogging)
- Recommending that parents of overweight children and youth play a supporting, accepting, and encouraging role in returning them to healthier lifestyles to increase self-esteem
- Encouraging youth to promote physical activities for their peers and become role models and leaders for younger students

WIC Bottom Line: Access the entire policy statement online at <http://www.aap.org/advocacy/releases/may06physicalactivity.htm>. This statement highlights many activities routinely occurring in WIC clinics. WIC can continue to support the statement by:

- encouraging employees to participate in the WIC Wellness Works program;
- including physical activity lessons such as the Zowzoo class or the Zowzoo take home lesson in their Nutrition Education Plan; and
- using the FITKIDS=HAPPYKIDS

"How can being active help my family?" materials when providing individual counseling.

Source:

Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity. American Academy of Pediatrics policy statement. *Pediatrics* 117(5):1834-1842.

The Effect of Dieting During Lactation

A recent study published in the *Journal of the American Dietetic Association* examined the effect dieting has on the nutrient intake of the mother during lactation.

The ten-week study compared two groups of overweight women who were exclusively breastfeeding their infants. One group served as the control group, the other served as the diet and exercise group. The women in the control group were instructed to not change their dietary intake or physical activity during the study. The women in the diet and exercise group were instructed to follow a prescribed eating and exercise plan.

The women in the diet and exercise group lost significantly more weight and body fat than the control group. Furthermore, the women in the diet and exercise group were able to significantly decrease their servings of fats, sweetened drinks, sweets and desserts, and snack foods, resulting in a decrease of fat, protein, and carbohydrate intake with an overall decrease in energy consumption. The diet and exercise group had a decrease in micronutrient intake.

However, it was only the mean intake of calcium and vitamin D that differed significantly from the control group, due partly because the diet and exercise group consumed on an average less than one serving of milk per day.

None of the women in the study complained of a decrease in milk supply, fussy babies or fatigue as a result of the dietary and exercise intervention.

The study concluded that overweight breastfeeding women can safely lose weight by consuming a well-balanced diet, decreasing consumption of foods high in fat and simple sugars, and emphasizing foods high in calcium and vitamin D.

"... women in the diet and exercise group lost significantly more weight and body fat than the control group."

WIC bottom line: The postpartum period is a time when many women are interested in losing the extra weight gained during pregnancy. WIC needs to continue to educate our breastfeeding and postpartum participants on the importance of making healthy, nutritious choices including foods rich in calcium and vitamin D.

Source:

Lovelady, C.A., K.G. Stephenson, R.M. Kuppler, and J.P. Williams. 2006. The Effect of Dieting on Food and Nutrient Intake of Lactation Women. *J Am Diet Assoc.* 106: 908-912.

Local Agency Spotlight



Grayson County & Collin County

Two WIC agencies located north of Dallas recently implemented EBT. The agencies are

- Collin County Health Care Services WIC Program, lead by Director Denise Wolfe and Assistant Director, Barbara Beal, with the administrative office in McKinney and a permanent site in Plano; and
- Grayson County Health Department WIC Program, managed by Terry Reese, with the administrative office located in Sherman, also serving Denison.

With the help of the state office staff, Grayson County was up and running October 3, 2005, followed by Collin County on January 30, 2006.

How did it go? What were the glitches? We talked with Denise, Barbara and Terry following implementation and here are their evaluations of the process.

Now that EBT is incorporated into your clinics, the question is – Do you like it?

Grayson County Health Department manager, Terry, responded without hesitation “love it.” Terry first saw a preview of EBT at the State WIC Directors meeting in October of 2004. She and her staff were excited to be the third agency statewide to rollout. During the months prior to rollout, they made several trips to El Paso, immersing themselves in details through the EBT steering committee and discussions. Collin County noted that they also like it, and that it is not as complicated as anticipated. They feared it would be more time consuming and that clients would have more difficulty with it. Didn’t happen. In fact, even getting the clients to choose a PIN (personal identification number) isn’t a problem. Denise Wolfe made this observation concerning our WIC participants, “We need to remember to give them credit, because they really do adapt remarkably well.”

What are the benefits you’ve seen as a result of EBT?

Both agencies agreed the clients like it. Collin County indicated that participants are happier during grocery store visits. They don’t feel the WIC Lone Star card has the same stigma as the voucher. Grayson feels EBT has improved their “show” rate — 95 percent now. Terry thinks participants are less likely to miss appointments because obtaining benefits with the card is more appealing. The participants love not having to get all of their food at once.

Has it changed your clinic operations much?

Grayson County said the changes during transition were substantial, but that now the flow is the same as before, just with different equipment. Collin County said it changed their clinic flow and that the new

system takes less time. For example, when teaching an education class, cards are loaded and the shopping list is printed. After class, the stack of cards and shopping list are placed next to the PIN checker. One at a time the participant’s card is checked with their PIN. It’s a smooth operation.



Collin County staff Terri Holmes, eligibility clerk, and Stefanie Place, nutritionist, (above) and Alicia Garza, eligibility clerk, (below) in front of the EBT posters.

What was your biggest challenge?

Collin County concluded that the stores weren’t ready. Fortunately, the participants handled it well. Grayson County said that getting staff trained was their biggest challenge. Terry wanted to be sure that all staff knew how to do EBT. Terry felt much better after the Austin training.

Are you still training new participants on how to use the smart card? Have you changed your training any?

Both agencies indicate they are continuing to use the EBT video and the WIC approved foods video, and that each new participant completes the self test.

Do you have any “words of wisdom” for the rest of the state before they start their roll out process?

Grayson County Health Department manager Terry says, “It was a positive experience and the state agency did such a good job in helping us get ready with computers, policies, layout, etc. There was more support provided than expected.”



Denise and Barbara with Collin County

Health Care Services emphasized, “Schedule, schedule, schedule. Please take recommendations from those who have been through the process. For instance, when the state indicates you should go very lightly the first few days, do that. Do not overbook. Increase your appointments, as your employees become more experienced. You will be able to get back to normal caseload soon enough.”

Comments from the state office:

There are still minor adjustments to be made to some of the processes and training. Reports, formula returns, inventory and other issues are in a constant state of change. Patti Fitch, Clinical Services Branch Manager, notes that a good system is always in a flux of change.

“We are still working out better procedures and processes. We are lucky to have such dedicated staff — both here in the state office and out in the field. Our success depends on their commitment to the WIC program and what it provides to the women and children in the State of Texas.”

coming next issue ...



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2006
in review

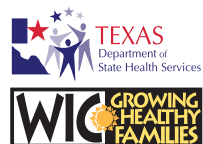


Correction: The July/August Issue of the Texas WIC News incorrectly identified the manufacturers of two products featured in the article titled “Two New Nutritional Products” on page 12. Bright Beginnings Soy Drink® is manufactured by PBM Products and Resource Just for Kids 1.5® is manufactured by Novartis.



Texas WIC News is now available on the Texas WIC Web site!
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>

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